

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-048793

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 226

Primary Registration District No. 4352

Registrar's No. 95

FILED DEC 26 1963

## 1. PLACE OF DEATH

a. COUNTY

Morgan

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Versailles

Length of stay in 1b

one month

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Midwell rest home

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Versailles

d. STREET  
ADDRESS

6 miles south

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Herminea

Lewis

4. DATE  
OF  
DEATH

December 19 1963

Month Day Year

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Oct. 27 1881

## 9. AGE (last birthday)

82

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
housewife & farming

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (City and state or country)

Uslar Germany

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Eugene Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Ralph Meyn Kansas City, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA URINARY BLADDER

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Arterio Sclerosis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to Dec 18, 1963 and last saw her alive on Dec 18, 1963  
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

23b. DATE

Dec. 21 1963

23c. NAME OF CEMETERY OR CREMATORY

Versailles cemetery

23d. LOCATION (City, town, or county)

Versailles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Scrivner-Stevinson Versailles, Mo.

25. DATE RECD. BY LOCAL REG.

12-21-63

26. REGISTRAR'S SIGNATURE

J. L. Hall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0710

2 0710

3 1

4 1

5 2

6

7 2

8 2

9 181.0

10

11

12 86-0

13 2-0

JAN 23 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Scramin

Licensed Embalmer No. 4880

P. O. Address Urbana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.